

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30693**

FILED SEP 28 1951

BIRTH NO. _____		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>3035</u>		Registrar's No. <u>1017</u>	
1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		c. LENGTH OF STAY (in this place) 1 week		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Camden Township			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lexington Memorial Hospital-				d. STREET ADDRESS (If rural, give location) 2 miles southwest Camden, Mo.			
3. NAME OF DECEASED (Type or Print) SALLIE		a. (First)		b. (Middle)		c. (Last) EARNEST	
4. DATE OF DEATH Sept. 10, 1951		5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH August 20, 1884		9. AGE (In years last birthday) 67		10. IF UNDER 1 YEAR Months 0 Days 20		11. IF UNDER 2 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME Benjamin Blythe			
13b. MOTHER'S MAIDEN NAME Mollie Holloway				14. NAME OF HUSBAND OR WIFE Aaron Earnest			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Aaron Earnest, Camden, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery occlusion ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Longstanding Heart Failure DUE TO (c) Generalized arterio-sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 42.04				INTERVAL BETWEEN ONSET AND DEATH 15 min? 10 days + 10 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Aug 30, 1951 , to Sept 10, 1951 , that I last saw the deceased alive on Sept 9, 1951 , and that death occurred at 5:45 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE W. H. Johnson M.D. (Deceased or title)				23b. ADDRESS Richmond, Mo.		23c. DATE SIGNED 9/11/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-12-1951		24c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery		24d. LOCATION (City, town, or county) (State) Richmond, Missouri	
DATE REC'D BY LOCAL REG. Sept 16, 1951		REGISTRAR'S SIGNATURE Minerva E. Eastbrook		25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Carter		ADDRESS Richmond, Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9-27-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-27-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____,
working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4474

P. O. Address Richmond, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.